

## **Table of Contents**

**State/Territory Name: Oklahoma**

**State Plan Amendment (SPA) #: 24-0021**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



---

**Financial Management Group**

November 19, 2024

Traylor Rains  
State Medicaid Director  
Oklahoma Health Care Authority  
4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

RE: TN OK-24-0021

Dear Director Rains:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Oklahoma state plan amendment (SPA) to Attachment 4.19-B OK-24-0021, which was submitted to CMS on September 27<sup>th</sup>, 2024. This plan amendment reimburses CRNAs at a rate of 100 percent of the allowable for physicians for anesthesia services in collaboration with a licensed medical doctor, osteopathic physician, podiatric physician, or dentist.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of September 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at [Robert.Bromwell@cms.hhs.gov](mailto:Robert.Bromwell@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 1

2. STATE

O K3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

9/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 447; 42 CFR 482.52

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 448,542.00b. FFY 2025 \$ 5,346,633.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Page 20a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Page 20a; TN # 23-0008

9. SUBJECT OF AMENDMENT

CRNA Rate Equalization, increasing reimbursement for Certified Registered Nurse Anesthetists practicing in collaboration with an MD, DO, podiatrist or dentist licensed in this state.

10. GOVERNOR'S REVIEW (Check One)

☐

GOVERNOR'S OFFICE REPORTED NO COMMENT

☐

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒

OTHER, AS SPECIFIED:

The governor's office does not review state plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Traylor Rains

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

9/27/2024

15. RETURN TO

Oklahoma Health Care Authority

Attn: Traylor Rains

4345 N. Lincoln Blvd.

Oklahoma City, OK 73105

cc: Kasie McCarty; Heather Cox; Sean Webster

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 27, 2024

17. DATE APPROVED

November 19, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

September 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
OTHER TYPES OF CARE****Anesthesiologists** *(continued)*

<b>Time (in Minutes)</b>	<b>Unit(s) Billed</b>
1-15	1.0
16-30	2.0
31-45	3.0
46-60	4.0
61-75	5.0
76-90	6.0
91-105	7.0
106-120	8.0
Etc.	

Effective January 1, 2008, Anesthesia Healthcare Common Procedure Coding System (HCPC) modifiers must be reported for each anesthesia service billed and will determine the rate of reimbursement to each provider for anesthesia services. The modifiers are as follows:

<b>2014 Published HCPC Modifier</b>	<b>Description</b>	<b>Payment Rate</b>
AA	Anesthesia services performed personally by Anesthesiologist.	100%
QZ	Anesthesia service performed personally by a CRNA in collaboration with a MD, DO, podiatrist, or dentist	100%
AD	Medical supervision by a physician: more than four concurrent anesthesia procedures	Current Flat Rate; no time units
QK	Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals	50%
QX	CRNA or AA service: with medical direction by a physician	50%
QY	Anesthesiologist medically directs one CRNA or AA	50%

**Certified Registered Nurse Anesthetists (CRNA)**

Payment is made to CRNAs at a rate of 100 percent of the allowable for physicians for anesthesia services in collaboration with a medical doctor, osteopathic physician, podiatric physician, or dentist licensed in this state. Payment is made to CRNAs at a rate of 50 percent of the allowable when medically directed by a physician.

**Anesthesiologist Assistants**

Payment is made to Anesthesiologist Assistants at a rate of 50 percent of the allowable when medically directed.

Medical assistance will not be paid for Provider-Preventable Conditions (PPCs) as described on Supplement 2 to Attachment 4.19-B.

Revised 09-01-24

TN # 24-0021Approval Date: 11/20/24Effective Date: 09/01/24Supersedes TN # 23-0008